

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American College of Radiology Association PAC

ADDRESS (number and street) ▼

1891 Preston White Drive

☐ Check if different than previously reported. (ACC)

Reston

VA

20191

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00343459

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

02

01

2016

02

29

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Richard Taxin MD

Signature of Treasurer

Richard Taxin MD

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

03

18

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Radiology Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
02 01 2016 To: M M / D D / Y Y Y Y Y Y  
02 29 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">858900.63</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">984656.69</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">63957.48</span>	<span style="border: 1px solid black; padding: 2px;">190691.31</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">1048614.17</span>	<span style="border: 1px solid black; padding: 2px;">1049591.94</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">214403.29</span>	<span style="border: 1px solid black; padding: 2px;">215381.06</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">834210.88</span>	<span style="border: 1px solid black; padding: 2px;">834210.88</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Radiology Association PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 02 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y  
 02 / 29 / 2016
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

51979.02

160323.02

(ii) Unitemized .....

11978.46

30368.29

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

63957.48

190691.31

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

63957.48

190691.31

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ►

63957.48

190691.31

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

63957.48

190691.31

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	635.68	1613.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	635.68	1613.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	154500.00	154500.00
24. Independent Expenditures (use Schedule E) .....	59267.61	59267.61
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	214403.29	215381.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	214403.29	215381.06

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	63957.48	190691.31
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	63957.48	190691.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	635.68	1613.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	635.68	1613.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. Christopher Rauf Ahmed**

Mailing Address 105 Royal Highlands Ln

City State Zip Code  
 Dothan AL 36305-9345

FEC ID number of contributing federal political committee.

C

Name of Employer

Radiology Associates of Dothan, P.C.

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 29 2016

Transaction ID : C3277792

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Julia A Alexander**

Mailing Address 211 Asphodel Dr

City State Zip Code  
 Dothan AL 36303-2984

FEC ID number of contributing federal political committee.

C

Name of Employer

Radiology Associates of Dothan, P.C.

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 29 2016

Transaction ID : C3277793

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Cyrus Anderson**

Mailing Address 17920 Grey Heron Ct

City State Zip Code  
 Fort Myers Beach FL 33931-3031

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 22 2016

Transaction ID : C3276920

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 47  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Wesley A Angel MD**

Mailing Address 8563 Kettering Dr

City	State	Zip Code
Cordova	TN	38016-4552

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memphis Radiological PC

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2016

**Transaction ID : C3252185**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Wesley A Angel MD**

Mailing Address 8563 Kettering Dr

City	State	Zip Code
Cordova	TN	38016-4552

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memphis Radiological PC

Occupation

Radiologist

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		29		2016

**Transaction ID : C3264796**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Gory Ballester**

Mailing Address PO Box 435

City	State	Zip Code
San Juan	PR	00926

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Puerto Rico

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		08		2016

**Transaction ID : C3253121**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

360.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 47  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Benjamin Joseph Bartnicke**

Mailing Address 10 Chambord Ln

City

Little Rock

State

AR

Zip Code

72223-5945

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2016

**Transaction ID : C3253003**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Brian Rik Baxter**

Mailing Address 9151 Clarkson Rd

City

Rapid City

State

SD

Zip Code

57702-9193

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 11 / 2016

**Transaction ID : C3263542**

Amount of Each Receipt this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ronald N Baxter**

Mailing Address Radiology Associates  
PO Box 8130

City

Rapid City

State

SD

Zip Code

57709-8130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 11 / 2016

**Transaction ID : C3263541**

Amount of Each Receipt this Period

600.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1450.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 47

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. William W Beckett JR**Mailing Address Radiology Associates of Dothan  
1900 Fairview Ave

City	State	Zip Code
Dothan	AL	36301-3008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates of Dothan

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

Transaction ID : C3277794

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Rebecca L Belsaas**

Mailing Address 5980 Wildwood Dr

City	State	Zip Code
Rapid City	SD	57702-8818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2016

Transaction ID : C3263543

Amount of Each Receipt this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Richard A Benedikt**

Mailing Address 501 Patterson Ave

City	State	Zip Code
San Antonio	TX	78209-5632

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group, P.A.

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2016

Transaction ID : C3263902

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 47

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Timothy Andrew Bernauer**

Mailing Address 13 Pintail Pl

City

Appleton

State

WI

Zip Code

54913-8068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates of Appleton

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	18	/	2016

**Transaction ID : C3258414**

Amount of Each Receipt this Period

210.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Darius Biskup**

Mailing Address 3040 Oasis Grand Blvd Apt 2104

City

Fort Myers

State

FL

Zip Code

33916-1607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	22	/	2016

**Transaction ID : C3276915**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Martin L Black**

Mailing Address 914 Woodvine Rd

City

Asheville

State

NC

Zip Code

28803-1946

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pardee Hospital

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	22	/	2016

**Transaction ID : C3276905**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1210.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 47

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. Justin E Boatsman MD**

Mailing Address 141 W Edgewood Pl

City

San Antonio

State

TX

Zip Code

78209-3702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology

Occupation

Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	6

Transaction ID : C3263903

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Stuart Alan Bobman**

Mailing Address 3680 Broadway

City

Fort Myers

State

FL

Zip Code

33901-8005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Regional Center

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	2		2	0	1	6

Transaction ID : C3276908

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. J Scott Bolton MD**

Mailing Address 105 Marigold Ln

City

Dothan

State

AL

Zip Code

36305-5843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates of Dothan, P.C.

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	1	6

Transaction ID : C3277795

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 47

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Gregory Jason Boys**

Mailing Address 46 Spring Lake Dr

City

San Antonio

State

TX

Zip Code

78248-2426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 04 / 2016

**Transaction ID : C3263904**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Matthew Joseph Brady MD**

Mailing Address 230 N Shelmore Blvd

City

MT Pleasant

State

SC

Zip Code

29464-6616

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Roper Radiologists, PA

Occupation

Diagnostic Radiologist

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 28 / 2016

**Transaction ID : C3264772**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. David Andrew Brink**

Mailing Address 106 Nottoway Blvd

City

Dothan

State

AL

Zip Code

36303-2978

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates of Dothan

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

02 / 29 / 2016

**Transaction ID : C3277796**

Amount of Each Receipt this Period

375.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2375.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. Joel Brink MD**

Mailing Address 6913 Porthcawl Ct

City State Zip Code  
 Rapid City SD 57702

FEC ID number of contributing federal political committee.

C

Name of Employer

Dakota Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 11 2016

Transaction ID : C3263549

Amount of Each Receipt this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Frank Browne**

Mailing Address 509 W French Pl

City State Zip Code  
 San Antonio TX 78212-3690

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 04 2016

Transaction ID : C3263907

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kenneth A Buckwalter**

Mailing Address 8162 Round Hill Ct

City State Zip Code  
 Indianapolis IN 46260-2910

FEC ID number of contributing federal political committee.

C

Name of Employer

Indiana University

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 11 2016

Transaction ID : C3263555

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 47

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. David William Bynum**

Mailing Address 3726 Hunters Trl

City

San Antonio

State

TX

Zip Code

78230-2042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
02 / 04 / 2016

**Transaction ID : C3263906**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. John Pinckney Clement**

Mailing Address 803 Garraty Hill

City

San Antonio

State

TX

Zip Code

78209-2859

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group, P.A.

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
02 / 04 / 2016

**Transaction ID : C3263909**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Steven M Cohen**

Mailing Address 28 Salem Road

City

West Port

State

CT

Zip Code

06880-3726

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advanced Radiology Consultants

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
02 / 05 / 2016

**Transaction ID : C3252989**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 47

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Pedro Collazo-Ornes**

Mailing Address PO Box 9024255

City  
San Juan

State  
PR

Zip Code  
00902-4255

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SP RADIOLOGY, PSC

Occupation

Diagnostic Radiologist

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2016

**Transaction ID : C3257820**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Keith Alan Crow**

Mailing Address 523 Berwick Town

City  
San Antonio

State  
TX

Zip Code  
78249-2080

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group, P.A.

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2016

**Transaction ID : C3263910**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Susan Ann Danahy**

Mailing Address 38 Old Farm Circle

City  
Pittsford

State  
NY

Zip Code  
14534-3006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Borg & Ide Imaging

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2016

**Transaction ID : C3252166**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 47

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Edward J Danehy**

Mailing Address 12768 Kedleston Cir

City

Fort Myers

State

FL

Zip Code

33912-6601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Regional Center

Occupation

Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
02 / 22 / 2016

**Transaction ID : C3276917**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David Dinan MD**

Mailing Address 3599 Imperata Drive

City

Rockledge

State

FL

Zip Code

32955-6094

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nemours Children's Hospital

Occupation

Pediatric Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
02 / 19 / 2016

**Transaction ID : C3259263**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Michael N Downing**

Mailing Address Radiology Associates of Dothan  
1900 Fairview Ave

City

Dothan

State

AL

Zip Code

36301-3099

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates of Dothan

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
02 / 29 / 2016

**Transaction ID : C3277797**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 47

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. Nathan Durick MD**

Mailing Address 5252 School House Rd

City

Bettendorf

State

IA

Zip Code

52722-8500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

advanced radiology, s.c.

Occupation

Diagnostic Radiologist

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

Transaction ID : C3253869

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Robert A Durst JR**

Mailing Address 5353 Berglund Rd

City

Rapid City

State

SD

Zip Code

57701-8914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2016

Transaction ID : C3263544

Amount of Each Receipt this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Roger Eng**

Mailing Address 7 Soule Rd.

City

Orinda

State

CA

Zip Code

94563-1516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Golden State Radiology

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2016

Transaction ID : C3252190

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1350.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 47

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. William Scott Enochs**

Mailing Address 230 Poplar Ave

City

Wayne

State

PA

Zip Code

19087-3504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Thomas Jefferson University Ho

Occupation

Diagnostic Radiologist

Receipt For: 2016



Primary



General



Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2016

Transaction ID : C3279850

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. William Scott Enochs**

Mailing Address 230 Poplar Ave

City

Wayne

State

PA

Zip Code

19087-3504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Thomas Jefferson University Ho

Occupation

Diagnostic Radiologist

Receipt For: 2016



Primary



General



Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

Transaction ID : C3279863

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Stephen L Fernandez**

Mailing Address 1900 Fairview Ave

City

Dothan

State

AL

Zip Code

36301-3008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates of Dothan

Occupation

Diagnostic Radiologist

Receipt For: 2016



Primary



General



Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

Transaction ID : C3277798

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

700.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 47

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Michael Lawrence Flick MD**

Mailing Address 3250 Honor Ct

City

Springdale

State

AR

Zip Code

72762-7473

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RAPA Little Rock AR

Occupation

Diagnostic Radiologist

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2016

**Transaction ID : C3257341**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Leo Patrick Flynn**

Mailing Address 5625 Blue Stem Ct

City

Rapid City

State

SD

Zip Code

57702-8990

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of OK Hlth Sci

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 11 / 2016

**Transaction ID : C3263545**

Amount of Each Receipt this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Timothy R Frost**

Mailing Address 7660 Elkhart Rd

City

Rapid City

State

SD

Zip Code

57702-4793

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 11 / 2016

**Transaction ID : C3263546**

Amount of Each Receipt this Period

600.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 47

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. David A Golden**

Mailing Address South Texas Radiology Group  
8401 Datapoint Dr, Ste 600

City San Antonio State TX Zip Code 78229-5907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
02 / 04 / 2016

**Transaction ID : C3263911**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. W Lawrence Greif**

Mailing Address 130 Box Oak

City San Antonio State TX Zip Code 78230-5628

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group, P.A.

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY  
02 / 04 / 2016

**Transaction ID : C3263912**

Amount of Each Receipt this Period

750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Liang Gu**

Mailing Address 115 Red Cypress Run

City Midland City State AL Zip Code 36350-0020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dothan Radiology

Occupation

Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
02 / 29 / 2016

**Transaction ID : C3277799**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 47

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. Thomas George Habbe**

Mailing Address 13891 Clydesdale Rd

City

Rapid City

State

SD

Zip Code

57702-7339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2016

Transaction ID : C3263547

Amount of Each Receipt this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. G Christopher Hammet**

Mailing Address 231 W Lynwood Ave

City

San Antonio

State

TX

Zip Code

78212-2323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group, P.A.

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2016

Transaction ID : C3263913

Amount of Each Receipt this Period

750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. C Matthew Hawkins MD**

Mailing Address 130 Woodlawn Ave

City

Decatur

State

GA

Zip Code

30030-2309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emory University

Occupation

Pediatric Interventional Radiologist

Receipt For: 2016

☐ Primary  
☒ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2016

Transaction ID : C3263539

Amount of Each Receipt this Period

210.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1560.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 OF 47

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mark E Healy**

Mailing Address 207 Blackjack Oak

City

San Antonio

State

TX

Zip Code

78230-5617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group, P.A.

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
02 / 04 / 2016

**Transaction ID : C3263914**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. William Hearn**

Mailing Address Radiology Regional Center  
3670 Broadway

City

Fort Myers

State

FL

Zip Code

33901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Regional Center

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
02 / 22 / 2016

**Transaction ID : C3276916**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Robert D Heninger MD**

Mailing Address 1211 47th Ave SW

City

Minot

State

ND

Zip Code

58701-8315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Iowa

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
02 / 25 / 2016

**Transaction ID : C3263466**

Amount of Each Receipt this Period

125.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1625.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 47

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Sean N Higginson MD**

Mailing Address 113 Nationwide Dr

City

Lynchburg

State

VA

Zip Code

24502-4272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Consultants Lynchburg

Occupation

Diagnostic Radiologist

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : C3248510**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kenneth Clarke Hite MD**

Mailing Address 434 New Britain Dr

City

Lynchburg

State

VA

Zip Code

24503-2143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Consultants of Lynchburg

Occupation

Diagnostic Radiologist

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2016

**Transaction ID : C3261885**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Edward Andrew Hobart**

Mailing Address 4509 Winged Foot Dr

City

Hutchinson

State

KS

Zip Code

67502-8016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Professionals of Hutchinson

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2016

**Transaction ID : C3263556**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1865.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 47

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Charles Hugh Holloway**Mailing Address Radiology Associates of Dothan  
1900 Fairview Ave

City	State	Zip Code
Dothan	AL	36301-3008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates of Dothan

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

**Transaction ID : C3277800**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. James Hook**

Mailing Address 822 Spahn Drive

City	State	Zip Code
Waunakee	WI	53597

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Madison Radiologists

Occupation

Practice Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2016

**Transaction ID : C3253181**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Randolph J Knific**

Mailing Address 13400 Ponderosa Way

City	State	Zip Code
Fort Myers	FL	33907-7853

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Regional Center

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2016

**Transaction ID : C3276912**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 47

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. Brian A Krivsky**

Mailing Address 3680 Broadway

City State Zip Code  
 Fort Myers FL 33901-8005

FEC ID number of contributing federal political committee.

C

Name of Employer

Radiology Regional Center

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2016

Transaction ID : C3276911

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Drew L Lambert**

Mailing Address 780 Lenox Hill Rd

City State Zip Code  
 Charlottesville VA 22903

FEC ID number of contributing federal political committee.

C

Name of Employer

University of Virginia Health System

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 05 / 2016

Transaction ID : C3253017

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Paul A Larson**

Mailing Address 110 Stoney Beach Rd

City State Zip Code  
 Oshkosh WI 54902-7243

FEC ID number of contributing federal political committee.

C

Name of Employer

Radiology Associates of Fox Valley

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2016

Transaction ID : C3276906

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 OF 47

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Lawrence Leigh**

Mailing Address 11420 Compass Point Dr

City State Zip Code  
Fort Myers FL 33908-4949

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Regional Center

Occupation  
Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
02 / 22 / 2016

**Transaction ID : C3276918**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kay Denise Spong Lozano**

Mailing Address 5991 South High Court

City State Zip Code  
Centennial CO 80121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Imaging Association

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

MM / DD / YYYY  
02 / 20 / 2016

**Transaction ID : C3261874**

Amount of Each Receipt this Period

209.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Eric Conrad Lund**

Mailing Address 211 Asphodel Dr

City State Zip Code  
Dothan AL 36303-2984

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of Dothan

Occupation  
Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
02 / 29 / 2016

**Transaction ID : C3277801**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1209.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 47

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. Ginger Merry MD**

Mailing Address 320 S Ogden St

City State Zip Code  
 Denver CO 80209-2324

FEC ID number of contributing federal political committee.

C

Name of Employer

Kaiser Permanente Colorado

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 22 2016

Transaction ID : C3276922

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael Rhodes Middlebrook**Mailing Address South Texas Radiology Group PA  
8401 Datapoint Dr Ste 600

City State Zip Code  
 San Antonio TX 78229-5907

FEC ID number of contributing federal political committee.

C

Name of Employer

South Texas Radiology Group, P.A.

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 04 2016

Transaction ID : C3263915

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ian L Musil MD**

Mailing Address 165 E Bighorn Ct

City State Zip Code  
 Sedona AZ 86351-7442

FEC ID number of contributing federal political committee.

C

Name of Employer

Northern Arizona Radiology

Occupation

Diagnostic Radiologist

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 15 2016

Transaction ID : C3256576

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 47  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Michael D Orsi MD**

Mailing Address 202 Village Cir

City State Zip Code  
 San Antonio TX 78232-2824

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Texas Health Science Cen

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2016

**Transaction ID : C3263916**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Richard Dominick Pagliara MD**

Mailing Address 1877 Senegal Date Dr

City State Zip Code  
 Naples FL 34119-3388

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Regional Center

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2016

**Transaction ID : C3276910**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Jinha Mark Park MD**

Mailing Address 5825 Lincoln Avenue, Suite D330

City State Zip Code  
 Buena Park CA 90620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

City of Hope

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 08 / 2016

**Transaction ID : C3253122**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. Dipan Loken Patel**

Mailing Address 319 Cinnamon Oak

City State Zip Code  
 Shavano Park TX 78230-5641

FEC ID number of contributing federal political committee.

C

Name of Employer  
 South Texas Radiology Group, P.A.

Occupation  
 Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 04 / 2016

Transaction ID : C3263917

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Stephen Patrick Penor MD**

Mailing Address 225 W Matlock Ct

City State Zip Code  
 Hot Springs AR 71901-7329

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Hot Springs Radiology Services, Ltd

Occupation  
 Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 24 / 2016

Transaction ID : C3263306

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Mary Kay Peterson**

Mailing Address 15401 Sweetwater Ct

City State Zip Code  
 Fort Myers FL 33912-2353

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Radiology Regional Center

Occupation  
 Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 22 / 2016

Transaction ID : C3276909

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 OF 47

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Gregory D Saffell**

Mailing Address 3981 Forest Park Cir

City

Rapid City

State

SD

Zip Code

57702-6927

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

02 / 11 / 2016

**Transaction ID : C3263548**

Amount of Each Receipt this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Maximo J Santiago MD**

Mailing Address 1914 Piccadilly Cir

City

Cape Coral

State

FL

Zip Code

33991-3163

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Regional Center

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2016

**Transaction ID : C3276914**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ezequiel Silva III**

Mailing Address 3 Sheffield Park Dr

City

San Antonio

State

TX

Zip Code

78209-8307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group, P.A.

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 04 / 2016

**Transaction ID : C3263918**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. Eric J Stein**Mailing Address Bryn Mawr Hospital  
130 S Bryn Mawr Ave

City Bryn Mawr	State PA	Zip Code 19010-3143
-------------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates of the Main Line

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2016

Transaction ID : C3279856

Amount of Each Receipt this Period

108.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Eric J Stein**Mailing Address Bryn Mawr Hospital  
130 S Bryn Mawr Ave

City Bryn Mawr	State PA	Zip Code 19010-3143
-------------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates of the Main Line

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

Transaction ID : C3279873

Amount of Each Receipt this Period

216.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. John F Stoll**

Mailing Address 110 Cherokee Ln

City San Antonio	State TX	Zip Code 78232-2902
---------------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group, P.A.

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2016

Transaction ID : C3263919

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1325.02

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 47

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Brett L Storm**

Mailing Address 114 Glencoe Way

City

Dothan

State

AL

Zip Code

36305-6978

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates of Dothan

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

**Transaction ID : C3277802**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ricardo Syklawer**

Mailing Address 101 Royal Highlands Ln

City

Dothan

State

AL

Zip Code

36305-9345

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates of Dothan

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

**Transaction ID : C3277803**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Alvin Thaggard III**

Mailing Address 104 Cross Ln

City

San Antonio

State

TX

Zip Code

78209-5909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group, P.A.

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2016

**Transaction ID : C3263920**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 47

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Sean Edward Theisen**

Mailing Address 1346 Whispering Maples Ct

City

Ann Arbor

State

MI

Zip Code

48108-2492

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Huron Valley Radiology

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : C3249194**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. John W Thomas**

Mailing Address 13651 Treasure Trail Dr

City

San Antonio

State

TX

Zip Code

78232-3508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group, P.A.

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2016

**Transaction ID : C3263921**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Todd Austin Tibbetts**

Mailing Address 804 Evans Ave

City

San Antonio

State

TX

Zip Code

78209-3649

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group, P.A.

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2016

**Transaction ID : C3263922**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 34 OF 47  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. Scott Michael Truhlar**

Mailing Address 221 E College St #1208

City	State	Zip Code
Iowa City	IA	52240-1757

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiologic Medical Services, PCOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2016

Transaction ID : C3263554

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David H Turkel**

Mailing Address 17651 Cypress Creek Rd

City	State	Zip Code
Alva	FL	33920-3307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Regional CenterOccupation  
Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2016

Transaction ID : C3276913

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Sibley N Turner**

Mailing Address 1900 Fairview Ave

City	State	Zip Code
Dothan	AL	36301-3008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of Dothan, PCOccupation  
Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

Transaction ID : C3277804

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 OF 47

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Steven Robert Urbanski**

Mailing Address 67 Marbern Drive

City

Suffield

State

CT

Zip Code

06078-1532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jefferson Radiology

Occupation

Diagnostic Radiologist

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2016

**Transaction ID : C3256519**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jorge Alberto Velez**

Mailing Address 6 Lost Timbers

City

San Antonio

State

TX

Zip Code

78248-1661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 04 / 2016

**Transaction ID : C3263923**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Charles Virgil Voigt**

Mailing Address 13899 Morgan Ct

City

Rapid City

State

SD

Zip Code

57702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dakota Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

02 / 11 / 2016

**Transaction ID : C3263550**

Amount of Each Receipt this Period

600.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1850.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 47

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. David Karl White**

Mailing Address 23431 Sand Ln

City

Rapid City

State

SD

Zip Code

57702-6595

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dakota Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
02	/	11	/	2016

**Transaction ID : C3263551**

Amount of Each Receipt this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David A Wood**

Mailing Address 7921 Sendero Ridge

City

Fair Oaks Ranch

State

TX

Zip Code

78015-4755

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group, PA

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
02	/	04	/	2016

**Transaction ID : C3263924**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. William R Zavitz**

Mailing Address 3980 Corral Dr

City

Rapid City

State

SD

Zip Code

57702-9283

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates, LLC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
02	/	11	/	2016

**Transaction ID : C3263552**

Amount of Each Receipt this Period

600.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1700.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 47  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Walter E Zink MD**

Mailing Address 15614 Ruidosa Cyn

City  
Helotes

State  
TX

Zip Code  
78023-4390

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South TX Radiology

Occupation

Diagnostic Radiologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2016

**Transaction ID : C3263925**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00

51979.02

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American College of Radiology Association PAC

**A. Bank of America - Hard**

Mailing Address PO Box 27025

City	State	Zip Code
Richmond	VA	23261-7025

[illegible]

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D171722

Amount of Each Disbursement this Period

635.68

 Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

 Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

 Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....

635.68

**TOTAL** This Period (last page this line number only).....

635.68

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. Conservatives Restoring Excellence (CRE-PAC)**

Mailing Address PO BOX 98629

City	State	Zip Code
Raleigh	NC	27624

Purpose of Disbursement  
Contribution to a Leadership PAC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2016

Transaction ID : D171203

Amount of Each Disbursement this Period

5000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Democratic Congressional Campaign Committee**

Mailing Address 430 South Capitol Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution to a National Committee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2016

Transaction ID : D171218

Amount of Each Disbursement this Period

15000.00
----------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Democratic Congressional Campaign Committee**

Mailing Address 430 South Capitol Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution to a National Committee Building Fund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	2016
	<input type="checkbox"/> Primary
	<input type="checkbox"/> General
	<input checked="" type="checkbox"/> Other (specify) ▼
	Headquarters

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2016

Transaction ID : D171219

Amount of Each Disbursement this Period

15000.00
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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

35000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Democratic Senatorial Campaign Committee**

Mailing Address 120 Maryland Ave NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement  
Contribution to a National Committee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

**Transaction ID : D171216**

Amount of Each Disbursement this Period

15000.00
----------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Democratic Senatorial Campaign Committee**

Mailing Address 120 Maryland Ave NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement  
Contribution to a National Committee Building Fund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	2016
	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input checked="" type="checkbox"/> Other (specify) ▼
	Headquarters

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

**Transaction ID : D171217**

Amount of Each Disbursement this Period

15000.00
----------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. First Team PAC**

Mailing Address 1133 Bal Harbor Blvd 1139 #186

City	State	Zip Code
Punta Gorda	FL	33950

Purpose of Disbursement  
Contribution to a Leadership PAC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	
	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

**Transaction ID : D171208**

Amount of Each Disbursement this Period

2500.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

32500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. JEFF PAC**

Mailing Address 2150 RIVER PLAZA DR #150

City	State	Zip Code
SACRAMENTO	CA	95833

Purpose of Disbursement  
Contribution to a Leadership PAC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

**Transaction ID : D171220**

Amount of Each Disbursement this Period

3500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. LEADERSHIP OF TODAY AND TOMORROW**Mailing Address 700 13TH STREET, NW  
SUITE 600

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement  
Contribution to a Leadership PAC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

**Transaction ID : D171689**

Amount of Each Disbursement this Period

5000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. National Republican Congressional Committee**

Mailing Address 320 First Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution to a National Committee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

**Transaction ID : D171212**

Amount of Each Disbursement this Period

15000.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

23500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. National Republican Congressional Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

Mailing Address 320 First Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution to a National Committee Building Fund

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State: District:

Headquarters

Transaction ID : D171213

Amount of Each Disbursement this Period

15000.00
----------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. National Republican Senatorial Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

Mailing Address 425 2nd Street, NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement  
Contribution to a National Committee

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Transaction ID : D171214

Amount of Each Disbursement this Period

15000.00
----------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. National Republican Senatorial Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

Mailing Address 425 2nd Street, NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement  
Contribution to a National Committee Building Fund

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State: District:

Headquarters

Transaction ID : D171215

Amount of Each Disbursement this Period

15000.00
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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. PEOPLE FOR BEN**

Mailing Address PO BOX 31129

City	State	Zip Code
SANTA FE	NM	87594

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Ben Ray Lujan**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NM District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

**Transaction ID : D171206**

Amount of Each Disbursement this Period

2000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BILL FLORES FOR CONGRESS**

Mailing Address PO BOX 6207

City	State	Zip Code
BRYAN	TX	77805

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Bill Flores**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2016

**Transaction ID : D171690**

Amount of Each Disbursement this Period

1500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHARLIE DENT FOR CONGRESS**

Mailing Address PO BOX 442

City	State	Zip Code
ALLENTOWN	PA	18105

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Charlie Dent**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

**Transaction ID : D171207**

Amount of Each Disbursement this Period

2500.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. PEOPLE FOR DEREK KILMER**

Mailing Address PO BOX 1574

City GIG HARBOR	State WA	Zip Code 98335
--------------------	-------------	-------------------

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Derek Kilmer**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2016

**Transaction ID : D171221**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GENE GREEN CONGRESSIONAL CAMPAIGN**

Mailing Address PO BOX 16128

City HOUSTON	State TX	Zip Code 77222
-----------------	-------------	-------------------

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Gene Green**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

**Transaction ID : D171205**

Amount of Each Disbursement this Period

2000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LOUISE SLAUGHTER RE-ELECTION COMMITTEE**

Mailing Address P.O. BOX 30632

City ROCHESTER	State NY	Zip Code 14603
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Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Louise M. Slaughter**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

**Transaction ID : D171204**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. TIBERI FOR CONGRESS**

Mailing Address 2931 E DUBLIN GRANVILLE ROAD

City	State	Zip Code
COLUMBUS	OH	43231

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Pat Tiberi**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

**Transaction ID : D171209**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN FOR CONGRESS, INC.**

Mailing Address PO BOX 1488

City	State	Zip Code
JANESVILLE	WI	53547

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Paul D. Ryan**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

**Transaction ID : D171210**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN FOR CONGRESS, INC.**

Mailing Address PO BOX 1488

City	State	Zip Code
JANESVILLE	WI	53547

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Paul D. Ryan**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

**Transaction ID : D171211**

Amount of Each Disbursement this Period

5000.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00
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154500.00
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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 46 OF 47  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>American College of Radiology Association PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00343459
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Prevail Strategies</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 16 / 2016</b>
Mailing Address <b>7309A Colina Vista Loop</b>			Amount <b>18078.78</b>
City <b>Austin</b>	State <b>TX</b>	Zip Code <b>78750</b>	<b>Transaction ID : D170852</b>
Purpose of Expenditure Printed Advertising for Mailing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 16 / 2016</b>
Name of Federal Candidate Rep. Renee Ellmers		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		<b>35030.23</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Prevail Strategies</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 16 / 2016</b>
Mailing Address <b>7309A Colina Vista Loop</b>			Amount <b>24237.38</b>
City <b>Austin</b>	State <b>TX</b>	Zip Code <b>78750</b>	<b>Transaction ID : D170853</b>
Purpose of Expenditure Printed Advertising for Mailing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 16 / 2016</b>
Name of Federal Candidate Rep. John Shimkus		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>15</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IL</b>
Calendar Year-To-Date Per Election for Office Sought		<b>24237.38</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>42316.16</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Richard Taxin MD

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**03 / 18 / 2016**

